

Transportation Plan for Shipment of Dangerous Goods on Highway

Dated:

Information of Carrying Vehicle			
Name of Company		Tel No.	
Address			
Type of Vehicle	<input type="checkbox"/> Ordinary truck <input type="checkbox"/> Semi-Linked Vehicle	License Plate No.	
Driver's Name		Driving License No.	
Information of Dangerous Goods			
Description of Dangerous Goods (Both in Chinese and English)		Characters	
Loading Method		Total Loading Capacity	Ton
Name of Manufacturer		Tel No.	
Address of Manufacturer			
Point for Attention in Shipment			
Accident Management			
Evacuation of Persons to a Safe Place		Main Hazard to Persons	
Emergency measures			
Shipment Route			
Route:			
From:		To:	
Shipment Time	From	To	(Blank thereafter)
Signed and sealed by			
Applicant (Company Applying for the Shipment):			
Person in Charge:			
Address:			

